# Clinton A Brawner

List of Publications by Year
in descending order



| 103 | 4,058 | 136885 | 123376 |
|---|---|---|---|
| papers | citations | 32 h-index | 61 g-index |

| 104 | 104 | 104 | 5231 |
|---|---|---|---|
| all docs | docs citations | times ranked | citing authors |

| # | Article | IF | Citations |
|---|---|---|---|
| 1 | Tracking Cardiac Rehabilitation Utilization in Medicare Beneficiaries. Journal of Cardiopulmonary Rehabilitation and Prevention, 2022, 42, 235-245. | 1.2 | 40 |
| 2 | Comparison of Ratings of Perceived Exertion and Target Heart Rateâ€“Based Exercise Prescription in Cardiac Rehabilitation. Journal of Cardiopulmonary Rehabilitation and Prevention, 2022, 42, 352-358. | 1.2 | 6 |
| 3 | Relation of a Maximal Exercise Test to Change in Exercise Tolerance During Cardiac Rehabilitation. American Journal of Cardiology, 2022, 175, 139-144. | 0.7 | 1 |
| 4 | Inverse Relationship of Maximal Exercise Capacity to Hospitalization Secondary to Coronavirus Disease 2019. Mayo Clinic Proceedings, 2021, 96, 32-39. | 1.4 | 130 |
| 5 | Fitness and prostate cancer screening, incidence, and mortality: Results from the Henry Ford Exercise Testing (FIT) Project. Cancer, 2021, 127, 1864-1870. | 2.0 | 6 |
| 6 | Cardiorespiratory Fitness Attenuates the Impact of Risk Factors Associated With COVID-19 Hospitalization. Mayo Clinic Proceedings, 2021, 96, 822-823. | 1.4 | 16 |
| 7 | Increasing the Availability of Automated External Defibrillators at Sporting Events: A Call to Action from the American College of Sports Medicine. Current Sports Medicine Reports, 2021, 20, 418-419. | 0.5 | 0 |
| 8 | Fitness and Mortality Among Persons 70 Years and Older Across the Spectrum of Cardiovascular Disease Risk Factor Burden: The FIT Project. Mayo Clinic Proceedings, 2021, 96, 2376-2385. | 1.4 | 7 |
| 9 | Prognostic Value of Cardiorespiratory Fitness in Patients with Chronic Kidney Disease: The FIT (Henry) Tj ETQq1 1 0.784314 rgBT /Overlo | 0.8 | 2 |
| 10 | A Comparison of Exercise Intensity in Hybrid Versus Standard Phase Two Cardiac Rehabilitation. Journal of Cardiopulmonary Rehabilitation and Prevention, 2021, 41, 19-22. | 1.2 | 18 |
| 11 | Rethinking Rehabilitation. Journal of Cardiopulmonary Rehabilitation and Prevention, 2021, 41, 389-399. | 1.2 | 8 |
| 12 | The relationship between cardiorespiratory fitness, cardiovascular risk factors and atherosclerosis. Atherosclerosis, 2020, 304, 44-52. | 0.4 | 22 |
| 13 | Cardiorespiratory Fitness and Incident Stroke Types. Mayo Clinic Proceedings, 2020, 95, 1379-1389. | 1.4 | 5 |
| 14 | Are International Standards for Exercise Capacity Ready for Prime Time?. Mayo Clinic Proceedings, 2020, 95, 218-220. | 1.4 | 3 |
| 15 | Association of BMI, Fitness, and Mortality in Patients With Diabetes: Evaluating the Obesity Paradox in the Henry Ford Exercise Testing Project (FIT Project) Cohort. Diabetes Care, 2020, 43, 677-682. | 4.3 | 12 |
| 16 | Tracking Cardiac Rehabilitation Participation and Completion Among Medicare Beneficiaries to Inform the Efforts of a National Initiative. Circulation: Cardiovascular Quality and Outcomes, 2020, 13, e005902. | 0.9 | 199 |
| 17 | The association of fitness and body mass index (BMI) on all-cause mortality in cancer survivors: The Henry Ford Exercise Testing Project (The FIT Project).. Journal of Clinical Oncology, 2020, 38, 7060-7060. | 0.8 | 0 |
| 18 | Inverse association of pulse pressure augmentation during exercise with heart failure and death. Heart, 2019, 105, heartjnl-2018-313736. | 1.2 | 0 |

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|---|---|---|---|
| 19 | The Interplay of the Global Atherosclerotic Cardiovascular Disease Risk Scoring and Cardiorespiratory Fitness for the Prediction of All-Cause Mortality and Myocardial Infarction: The Henry Ford ExercIse Testing Project (The FIT Project). American Journal of Cardiology, 2019, 124, 511-517. | 0.7 | 4 |
| 20 | Cardiorespiratory fitness and incident lung and colorectal cancer in men and women: Results from the Henry Ford Exercise Testing (FIT) cohort. Cancer, 2019, 125, 2594-2601. | 2.0 | 19 |
| 21 | Higher cardiorespiratory fitness predicts long-term survival in patients with heart failure and preserved ejection fraction: the Henry Ford Exercise Testing (FIT) Project. Archives of Medical Science, 2019, 15, 350-358. | 0.4 | 14 |
| 22 | Sedentary Time and Cumulative Risk of Preserved and Reduced Ejection Fraction Heart Failure: From the Multi-Ethnic Study of Atherosclerosis. Journal of Cardiac Failure, 2019, 25, 418-424. | 0.7 | 8 |
| 23 | Relation of Isolated Low High-Density Lipoprotein Cholesterol to Mortality and Cardiorespiratory Fitness (from the Henry Ford Exercise Testing Project [FIT Project]). American Journal of Cardiology, 2019, 123, 1429-1434. | 0.7 | 3 |
| 24 | Cardiopulmonary Exercise Measures of Men and Women with HFrEF Differ in Their Relationship to Prognosis: The Henry Ford Hospital Cardiopulmonary Exercise Testing (FIT-CPX) Project. Journal of Cardiac Failure, 2018, 24, 227-233. | 0.7 | 8 |
| 25 | Prognostic value of exercise capacity among patients with treated depression: The Henry Ford Exercise Testing (FIT) Project. Clinical Cardiology, 2018, 41, 532-538. | 0.7 | 3 |
| 26 | Challenges with Percent Predicted Maximal VË™O2 in Patients with Heart Failure. Medicine and Science in Sports and Exercise, 2018, 50, 204-210. | 0.2 | 5 |
| 27 | Exercise Oscillatory Ventilation. Medicine and Science in Sports and Exercise, 2018, 50, 369-374. | 0.2 | 6 |
| 28 | Exercise in Patients with Chronic Heart Failure. , 2018, , 193-219. | | 0 |
| 29 | Exercise training workloads in cardiac rehabilitation are associated with clinical outcomes in patients with heart failure. American Heart Journal, 2018, 204, 76-82. | 1.2 | 17 |
| 30 | Exercise Capacity and the Obesity Paradox in Heart Failure: The FIT (Henry Ford Exercise Testing) Project. Mayo Clinic Proceedings, 2018, 93, 701-708. | 1.4 | 38 |
| 31 | Cardiorespiratory fitness and incident lung and colon cancer: FIT-Cancer Cohort.. Journal of Clinical Oncology, 2018, 36, 1502-1502. | 0.8 | 0 |
| 32 | Change in Maximal Exercise Capacity Is Associated With Survival in Men and Women. Mayo Clinic Proceedings, 2017, 92, 383-390. | 1.4 | 22 |
| 33 | Association Between Phase 3 Cardiac Rehabilitation and Clinical Events. Journal of Cardiopulmonary Rehabilitation and Prevention, 2017, 37, 111-118. | 1.2 | 9 |
| 34 | Do We Need Another Walking Test? â^—. JACC: Heart Failure, 2017, 5, 421-422. | 1.9 | 2 |
| 35 | Relation of Exercise Capacity to Risk of Development of Diabetes in Patients on Statin Therapy (the) Tj ETQq1 1 0.784314 rgBT /Overl | 0.7 | 5 |
| 36 | Exercise Training Workloads Upon Exit From Cardiac Rehabilitation in Men and Women. Journal of Cardiopulmonary Rehabilitation and Prevention, 2017, 37, 257-261. | 1.2 | 14 |

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|---|---|---|---|
| 37 | Sex-Specific Maximum Predicted Heart Rate and Its Prognosis for Mortality and Myocardial Infarction. Medicine and Science in Sports and Exercise, 2017, 49, 1704-1710. | 0.2 | 6 |
| 38 | Cardiorespiratory Fitness Change and Mortality Risk Among Black and White Patients: Henry Ford Exercise Testing (FIT) Project. American Journal of Medicine, 2017, 130, 1177-1183. | 0.6 | 28 |
| 39 | Cardiorespiratory fitness and incident heart failure: The Henry Ford Exercise Testing (FIT) Project. American Heart Journal, 2017, 185, 35-42. | 1.2 | 47 |
| 40 | Relation of Resting Heart Rate to Incident Atrial Fibrillation (from the Henry Ford Hospital Exercise) Tj ETQq0 0 0 rgBT /Overlock 10 Tf 50 | 0.7 | 14 |
| 41 | Prognostic value of exercise capacity among men undergoing pharmacologic treatment for erectile dysfunction: The FIT Project. Clinical Cardiology, 2017, 40, 1049-1054. | 0.7 | 8 |
| 42 | Higher Fitness Is Strongly Protective in Patients with Family History of Heart Disease: The FIT Project. American Journal of Medicine, 2017, 130, 367-371. | 0.6 | 8 |
| 43 | Use of Sex-Specific Clinical and Exercise Risk Scores to Identify Patients at Increased Risk for All-Cause Mortality. JAMA Cardiology, 2017, 2, 15. | 3.0 | 8 |
| 44 | Using Machine Learning to Define the Association between Cardiorespiratory Fitness and All-Cause Mortality (from the Henry Ford Exercise Testing Project). American Journal of Cardiology, 2017, 120, 2078-2084. | 0.7 | 22 |
| 45 | Comparison of machine learning techniques to predict all-cause mortality using fitness data: the Henry ford exercise testing (FIT) project. BMC Medical Informatics and Decision Making, 2017, 17, 174. | 1.5 | 59 |
| 46 | Prevalence of Physical Activity Is Lower among Individuals with Chronic Disease. Medicine and Science in Sports and Exercise, 2016, 48, 1062-1067. | 0.2 | 69 |
| 47 | Heart Rate and VË™O2 Concordance in Continuous-Flow Left Ventricular Assist Devices. Medicine and Science in Sports and Exercise, 2016, 48, 363-367. | 0.2 | 11 |
| 48 | Racial Differences in the Prognostic Value of Cardiorespiratory Fitness (Results from the Henry Ford) Tj ETQq0 0 0 rgBT /Overlock 10 Tf 5 | 0.7 | 18 |
| 49 | Sex Differences in Cardiorespiratory Fitness and All-Cause Mortality. Mayo Clinic Proceedings, 2016, 91, 755-762. | 1.4 | 72 |
| 50 | Fitness, Fatness, and Mortality: The FIT (Henry Ford Exercise Testing) Project. American Journal of Medicine, 2016, 129, 960-965.e1. | 0.6 | 28 |
| 51 | Effect of Beta-Blocker Therapy, Maximal Heart Rate, and Exercise Capacity During Stress Testing on Long-Term Survival (from The Henry Ford Exercise Testing Project). American Journal of Cardiology, 2016, 118, 1751-1757. | 0.7 | 9 |
| 52 | Chronotropic Incompetence and RiskÂofÂAtrial Fibrillation. JACC: Clinical Electrophysiology, 2016, 2, 645-652. | 1.3 | 13 |
| 53 | Age-dependent prognostic value of exercise capacity and derivation of fitness-associated biologic age. Heart, 2016, 102, 431-437. | 1.2 | 35 |
| 54 | The Association of Resting Heart Rate and Incident Hypertension: The Henry Ford Hospital Exercise Testing (FIT) Project. American Journal of Hypertension, 2016, 29, 251-257. | 1.0 | 43 |

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|---|---|---|---|
| 55 | Prognostic value of cardiopulmonary exercise testing in heart failure with preserved ejection fraction. The Henry Ford HospITal CardioPulmonary EXercise Testing (FIT-CPX) project. American Heart Journal, 2016, 174, 167-172. | 1.2 | 78 |
| 56 | Variables Measured During Cardiopulmonary Exercise Testing as Predictors of Mortality in Chronic Systolic Heart Failure. Journal of the American College of Cardiology, 2016, 67, 780-789. | 1.2 | 157 |
| 57 | Exercise Parameters and Risk of Coronary Artery Disease and Mortality Among Patients Who Use Pulmonary Medications: The FIT Project. American Journal of Medicine, 2016, 129, 446.e1-446.e4. | 0.6 | 2 |
| 58 | High Exercise Capacity Attenuates the Risk of Early Mortality After a First Myocardial Infarction. Mayo Clinic Proceedings, 2016, 91, 129-139. | 1.4 | 19 |
| 59 | Relationship Between Exercise Workload During Cardiac Rehabilitation and Outcomes in Patients With Coronary Heart Disease. American Journal of Cardiology, 2016, 117, 1236-1241. | 0.7 | 28 |
| 60 | Systolic Blood Pressure Response During Exercise Stress Testing: The Henry Ford ExercIse Testing (FIT) Project. Journal of the American Heart Association, 2015, 4, . | 1.6 | 20 |
| 61 | Cardiorespiratory Fitness and Risk of Incident Atrial Fibrillation. Circulation, 2015, 131, 1827-1834. | 1.6 | 172 |
| 62 | Response to Letter Regarding Article, â€œCardiorespiratory Fitness and Risk of Incident Atrial Fibrillation: Results From the Henry Ford Exercise Testing (FIT) Projectâ€• Circulation, 2015, 132, e395. | 1.6 | 5 |
| 63 | Relation of Risk of Atrial Fibrillation With Systolic Blood Pressure Response During Exercise Stress Testing (from the Henry Ford ExercIse Testing Project). American Journal of Cardiology, 2015, 116, 1858-1862. | 0.7 | 6 |
| 64 | No Evidence of an Upper Threshold for Mortality Benefit at High Levels of Cardiorespiratory Fitness. Journal of the American College of Cardiology, 2015, 65, 629-630. | 1.2 | 47 |
| 65 | Effect of duration of data averaging interval on reported peak VO2 in patients with heart failure. International Journal of Cardiology, 2015, 182, 530-533. | 0.8 | 5 |
| 66 | Maximal Exercise Testing Variables and 10-Year Survival: Fitness Risk Score Derivation From the FIT Project. Mayo Clinic Proceedings, 2015, 90, 346-355. | 1.4 | 31 |
| 67 | Comprehensive Analysis of Cardiopulmonary Exercise Testing and Mortality in Patients With Systolic Heart Failure: The Henry Ford Hospital Cardiopulmonary Exercise Testing (FIT-CPX) Project. Journal of Cardiac Failure, 2015, 21, 710-718. | 0.7 | 15 |
| 68 | Predicting cardiovascular events â€¦ How FIT is our crystal ball?. Atherosclerosis, 2015, 241, 741-742. | 0.4 | 0 |
| 69 | Impact of statin use on cardiorespiratory fitness in multi-racial men and women: The Henry Ford Exercise Testing (FIT) Project. International Journal of Cardiology, 2015, 197, 76-77. | 0.8 | 14 |
| 70 | Cardiorespiratory fitness attenuates risk for major adverse cardiac events in hyperlipidemic men and women independent of statin therapy: The Henry Ford ExercIse Testing Project. American Heart Journal, 2015, 170, 390-399.e6. | 1.2 | 17 |
| 71 | Green Means Go â€¦ Physical Activity andÂthe Prevention of Heart Failure âˆ—. JACC: Heart Failure, 2015, 3, 688-690. | 1.9 | 0 |
| 72 | Prognosis. Heart Failure Clinics, 2015, 11, 59-72. | 1.0 | 17 |

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|---|---|---|---|
| 73 | Cardiac Rehabilitation Improves Functional Capacity and Patient-Reported Health Status in Patients With Continuous-Flow Left Ventricular Assist Devices. JACC: Heart Failure, 2014, 2, 653-659. | 1.9 | 121 |
| 74 | Greater Improvement in Cardiorespiratory Fitness Using Higher-Intensity Interval Training in the Standard Cardiac Rehabilitation Setting. Journal of Cardiopulmonary Rehabilitation and Prevention, 2014, 34, 98-105. | 1.2 | 90 |
| 75 | Are There Negative Responders to Exercise Training among Heart Failure Patients?. Medicine and Science in Sports and Exercise, 2014, 46, 219-224. | 0.2 | 16 |
| 76 | Physical Fitness and Hypertension in a Population at Risk for Cardiovascular Disease: The Henry Ford ExercIse Testing (FIT) Project. Journal of the American Heart Association, 2014, 3, e001268. | 1.6 | 71 |
| 77 | Relation of Resting Heart Rate to Risk for All-Cause Mortality by Gender After considering Exercise Capacity (the Henry Ford Exercise Testing Project). American Journal of Cardiology, 2014, 114, 1701-1706. | 0.7 | 53 |
| 78 | Rationale and Design of the Henry Ford ExercIse Testing Project (The <scp>FIT</scp> Project). Clinical Cardiology, 2014, 37, 456-461. | 0.7 | 89 |
| 79 | Predicting Maximal HR in Heart Failure Patients on Î²-Blockade Therapy. Medicine and Science in Sports and Exercise, 2012, 44, 371-376. | 0.2 | 36 |
| 80 | 6-Min Walk Test Provides Prognostic Utility Comparable to Cardiopulmonary Exercise Testing in Ambulatory Outpatients With Systolic Heart Failure. Journal of the American College of Cardiology, 2012, 60, 2653-2661. | 1.2 | 171 |
| 81 | Relation Between Volume of Exercise and Clinical Outcomes in Patients With Heart Failure. Journal of the American College of Cardiology, 2012, 60, 1899-1905. | 1.2 | 162 |
| 82 | Role and benefits of exercise in the management of patients with heart failure. Heart Failure Reviews, 2010, 15, 523-530. | 1.7 | 22 |
| 83 | Reproducibility of Peak Oxygen Uptake and Other Cardiopulmonary Exercise Parameters. Chest, 2010, 138, 950-955. | 0.4 | 57 |
| 84 | The Ventilatory Anaerobic Threshold in Heart Failure: A Multicenter Evaluation of Reliability. Journal of Cardiac Failure, 2010, 16, 76-83. | 0.7 | 50 |
| 85 | The relationship between body mass index and cardiopulmonary exercise testing in chronic systolic heart failure. American Heart Journal, 2009, 158, S31-S36. | 1.2 | 23 |
| 86 | Peak aerobic capacity predicts prognosis in patients with coronary heart disease. American Heart Journal, 2008, 156, 292-300. | 1.2 | 297 |
| 87 | Quality Assurance and Cardiopulmonary Exercise Testing in Clinical Trials. Journal of Cardiac Failure, 2008, 14, 283-289. | 0.7 | 15 |
| 88 | Empirically Derived Psychometric Screening for Emotional Distress in Coronary Artery Disease Patients. Journal of Cardiovascular Nursing, 2007, 22, 320-325. | 0.6 | 8 |
| 89 | Graded Exercise Testing. , 2007, , 111-119. | | 4 |
| 90 | Guiding Exercise Using the Talk Test Among Patients With Coronary Artery Disease. Journal of Cardiopulmonary Rehabilitation and Prevention, 2006, 26, 72-75. | 0.5 | 47 |

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|---|---|---|---|
| 91 | Aerobic Capacity in Patients Entering Cardiac Rehabilitation. Circulation, 2006, 113, 2706-2712. | 1.6 | 164 |
| 92 | Comparative Impact of Morbid Obesity vs Heart Failure on Cardiorespiratory Fitness. Chest, 2005, 127, 2197-2203. | 0.4 | 76 |
| 93 | Predicting maximum heart rate among patients with coronary heart disease receiving Î²-adrenergic blockade therapy. American Heart Journal, 2004, 148, 910-914. | 1.2 | 117 |
| 94 | Differential effects of exercise training in men and women with chronic heart failure. American Heart Journal, 2003, 145, 912-918. | 1.2 | 28 |
| 95 | Leisure Time Physical Activity of Patients in Maintenance Cardiac Rehabilitation. Journal of Cardiopulmonary Rehabilitation and Prevention, 2003, 23, 260-265. | 0.5 | 25 |
| 96 | The relationship of heart rate reserve to &OV0312;O2 reserve in patients with heart disease. Medicine and Science in Sports and Exercise, 2002, 34, 418-422. | 0.2 | 72 |
| 97 | Differences in skeletal muscle between men and women with chronic heart failure. Journal of Applied Physiology, 2001, 90, 280-286. | 1.2 | 32 |
| 98 | Capillary density of skeletal muscle. Journal of the American College of Cardiology, 1999, 33, 1956-1963. | 1.2 | 186 |
| 99 | Effects of exercise training on chronotropic incompetence in patients with heart failure. American Heart Journal, 1999, 138, 233-240. | 1.2 | 131 |
| 100 | Exercise training in heart failure. Progress in Cardiovascular Diseases, 1998, 41, 175-190. | 1.6 | 36 |
| 101 | Caloric Expenditure During Cardiac Rehabilitation. Journal of Cardiopulmonary Rehabilitation and Prevention, 1998, 18, 290-294. | 0.5 | 38 |
| 102 | Exercise Testing and Training of Patients With Heart Failure Due to Left Ventricular Systolic Dysfunction. Journal of Cardiopulmonary Rehabilitation and Prevention, 1997, 17, 19-28. | 0.5 | 23 |
| 103 | Responses to Arm Exercise in Patients With Compensated Heart Failure. Journal of Cardiopulmonary Rehabilitation and Prevention, 1996, 16, 366-371. | 0.5 | 15 |